

521

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS. <u>70</u>	Ter. Index No. <u>98</u>	
District of <u>San Carlos</u>	ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. <u>261</u>		
Town of <u>San Carlos</u>	Local Registrar's No. _____		
City of _____	(No. _____) St; _____	Ward _____	
FULL NAME OF CHILD _____		Born _____	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive _____	NO
Sex of Child <u>Male</u>	Twin, Triplet or other <u>Single</u>	and {	Number; in order of birth <u>4</u>
Date of Birth <u>Nov. 26</u> 19 <u>10</u>		Legitimate? <u>yes</u>	
Full Name <u>Selby Harney</u>	FATHER	Full Maiden Name <u>Hattie</u>	MOTHER
Residence <u>San Carlos, Ariz.</u>		Residence <u>San Carlos, Ariz.</u>	
Color or Race <u>Indian</u>	Age at last Birthday <u>35</u> (Years)	Color or Race <u>Indian</u>	Age at last Birthday <u>33</u> (Years)
Birthplace <u>Arizona</u>		Birthplace <u>Arizona</u>	
Occupation <u>Day Laborer</u>		Occupation <u>House Wife</u>	
Number of child of this mother <u>4</u>	Number of children, of this mother, now living <u>3</u>	Were Precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on, _____ 19____, at _____ M			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) _____	(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 191____		Address <u>Dr. Carl Boyd</u>	
088-1126-800		Filed <u>Dec 5</u> 191 <u>0</u>	LOCAL REGISTRAR
COUNTY REGISTRAR.		Filed <u>Dec 7</u> 191 <u>0</u>	COUNTY REGISTRAR.